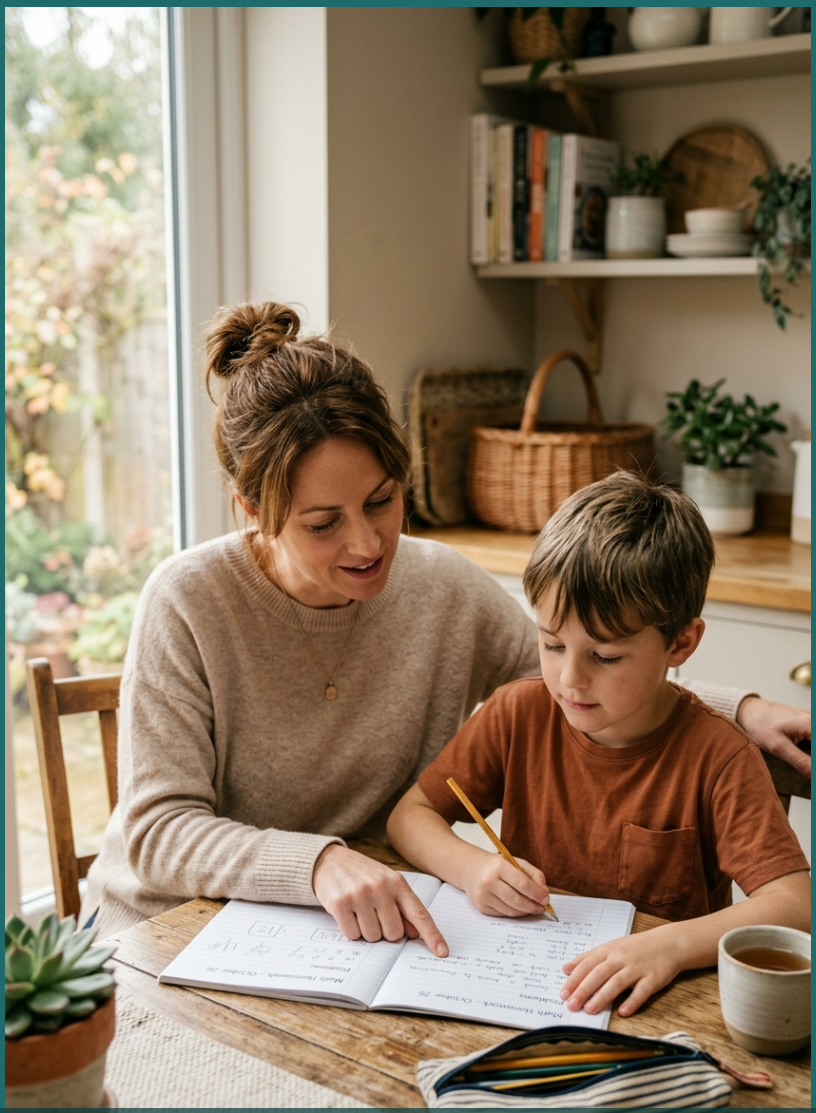
HELP For Your Child

PARENT RESOURCE GUIDE

Understanding an ADHD Diagnosis

How severity level shapes the right treatment plan for your child



HELP For Your Child

Table of Contents

Introduction

Dr. Carosso has more than 30 years of experience as a Clinical Child Psychologist and Certified School Psychologist. As the founder of Help For Your Child, he has dedicated his career to helping children and empowering parents to become more confident and capable. In other words, Dr. Carosso's mission is to provide parents with the tools he's learned throughout his career.

In my clinical work, I devote significant attention to how ADHD is diagnosed. My goal in this guide is to elaborate and clarify these diagnostic procedures, and explain how the diagnosis, as established, relates directly to the severity of the condition and subsequent effective treatment.

The goals of any treatment regimen, first and foremost, is establishing an accurate diagnosis, without which we're essentially blindfolded. In diagnosing ADHD, we're looking directly at 8 elements:

In diagnosing ADHD, we're looking directly at 8 elements:

1. The core symptoms of ADHD
2. Full diagnostic criteria of ADHD
3. Symptoms are observed for a long period of time
4. Symptoms are observed in various settings
5. The symptoms must be getting in the way of the child's life
6. The symptoms are not better-explained by some other condition
7. ADHD is evidenced in the family lineage
8. ADHD symptoms are observed in the office, during the evaluation

— Dr. John Carosso, Psy.D.

CORE SYMPTOMS

Core Symptoms

The primary or core symptoms of ADHD are inattention, impulsivity, and hyperactivity. However, of course, if the issue is the Predominately Inattentive Type, then hyperactivity will be less of an issue. The symptoms of ADHD, predominately inattentive type, include six or more of the following:

Predominately Inattentive Type:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).

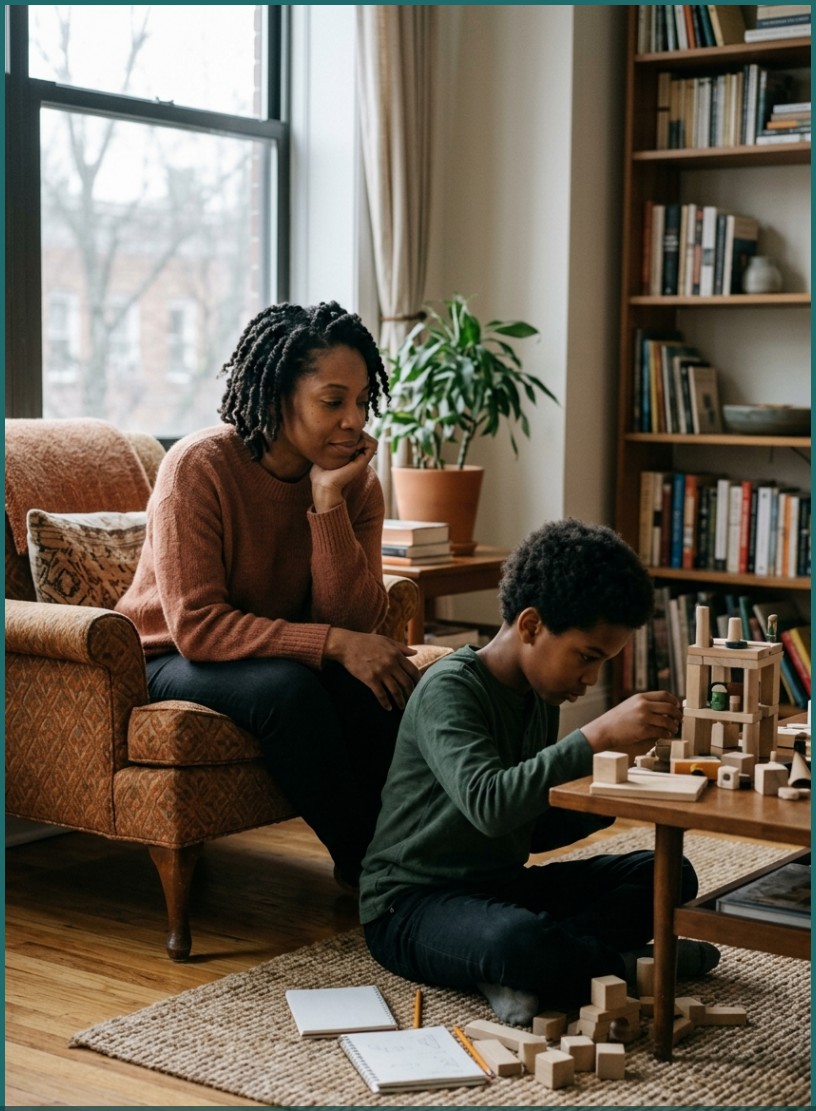
The more that each of these elements are seen, the more solid the diagnosis, and the more severe the condition. So, let's take a look at each of them.

If we're considering hyperactivity in addition to inattention, then we'll need six or more of the following:

Hyperactive/Impulsive Type:

- Is often easily distracted.
- Is often forgetful in daily activities.
- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often “on the go” acting as if “driven by a motor.”
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting his/her turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

Assessing Severity



As indicated, upwards of six of these are needed for a diagnosis. Sometimes kids only have 3 or 4, or maybe 3 in one setting, but 5 in another. These are all factors that contribute to determining whether the diagnostic criteria is met, the severity of the symptoms, and the subsequent course of treatment.

Another factor is that these symptoms must have been seen over a long period of time (they did not just surface last week). Also, they need to have surfaced before 12 years of age. In fact, most of my clients in this respect have demonstrated symptoms since early childhood, which is quite helpful and useful information in making the diagnosis. Clearly, the longer the signs have been clearly evident, the stronger the reliability of the diagnosis. I've seen lots of teens who, when looking back on their lives, neither the parent nor the youth is able to definitively say that they've noticed signs of ADHD since early childhood, or that teachers, then or now, expressed much concern about the teen's distractibility. In those situations, there is often vague report of distractibility that may have been evidenced in elementary school years, but nothing definitive. That information is very helpful given that, even in the event a diagnosis is justified, it's often with mild symptoms and competing contributors; academic deficits and anxiety usually leading the way.

This leads to another important element; there needs to not be a better explanation for the symptoms. A child or teen may be struggling with, for example, reading issues, and clearly that would contribute to distractibility during reading assignments. It's vital, in that respect, that a candidate for an ADHD diagnosis demonstrate distractibility ‘across the board’ in all aspects of life including completing routines, chores, getting off to school, sports, you name it. If distractibility is only evidenced during reading, and there is an identifiable reading problem, and there are no signs of distractibility otherwise, then clearly that's not ADHD.

“
A child or teen may be struggling with, for example, reading issues, and clearly that would contribute to distractibility during reading assignments. It's vital, in that respect, that a candidate for an ADHD diagnosis demonstrate distractibility across the board.

Ruling out anxiety

Another common competing factor is anxiety. In fact, there is likely no problem that so readily camouflages as ADHD. In that respect, think of your own experience; when you're preoccupied with some worry or concern, how difficult is maintaining concentration? Anxiety most-often interferes with attention, and it's important to rule out anxiety as a primary factor before diagnosing ADHD. However, having said that, it's not entirely uncommon for anxiety to accompany genuine ADHD, such that both are diagnosed. In that scenario, again, the severity level of the diagnosis is impacted, as is the treatment plan. The anxiety attenuates the ADHD diagnosis, likely reduces the severity level, and the treatment plan would need to target coping skills to help manage the anxiety as well as improve attention to task secondary to the ADHD. Interestingly, however, there are many overlapping strategies for both, which include deep breathing, removing distractions, exercise, clearing one's head, having a clear goal for the assignment at hand, taking breaks, having insight to understand one's vulnerabilities of any given class, and so on.

“Anxiety most-often interferes with attention, and it's important to rule out anxiety as a primary factor before diagnosing ADHD. However, having said that, it's not entirely uncommon that anxiety accompanies genuine ADHD, such that both are diagnosed.

Multiple settings

Signs of ADHD need to be seen in multiple settings, which usually consists of home, school, and in the community. So often, parents complain of hyperactivity and distractibility at home, when completing chores, getting ready for school, or when doing homework. It's often abundantly clear that parents are quite exacerbated by the subsequent need of essentially ‘constant’ attention, prompting, and oversight when, given their child's age, increased levels of independence would be expected. However, sometimes when I reach out to the child's teachers, I find that the child is perceived as on-task, attentive, and that they are doing well in completing daily assignments, all of which would negate an ADHD diagnosis given that, if a child has genuine ADHD, it's almost invariably going to surface in a place as demanding as the classroom.

Getting in the way of life

Another factor would include that the signs and symptoms, if evident, are actually getting in the way of the child's life. The important element in this case is 'to what extent', which directly contributes to assessing the level of severity of the condition. In that respect, if the youth is expressing that they largely are on-task, they are earning straight A's, and only complain of, for example, occasionally having to re-read text he or she finds especially boring, then clearly it's not 'getting in the way' to any great extent. I find this barrier to be quite uncommon, however, given that teens and parents rarely venture to my office, sometimes traveling a long way, unless there is an identifiable problem that is causing notable problems in the youth's life.

"
...if the youth is expressing that they largely are on-task, they are earning straight A's, and only complain of, for example, occasionally having to re-read text he or she finds especially boring, then clearly it's not 'getting in the way' to any great extent.

Is there a test for ADHD?

There is often an expectation that the evaluation process will include a 'test' of some sort, maybe a blood test, or neuro-psychological testing that will confirm the diagnosis. So, there is no blood test for ADHD. In regard to neuro-psychological testing, I do, in fact, conduct various tests in that respect as part of the evaluation process, but it's important to note that the reliability of such tests, in determining the actual diagnosis, is questionable. In that respect, children with genuine and diagnosable signs of ADHD can often perform well on these tests, given they are conducted in a quiet office setting with individualized attention. However, assess the child in a busy classroom or home setting, if that were feasible (it's not), and the results would likely be far different. Nevertheless, by the same token, not to sound contradictory, it's not uncommon that these tests do, in fact, pick up some nuances of ADHD that can be helpful in the diagnostic process. In the event the child performs well, it shows what the child's ability level is in a structured and quiet environment; otherwise, the child's scores reflect relevant and demonstrable weaknesses.

There is also ‘testing’ in the form of behavioral rating scales, such as the Conner's Rating Scale, Third Edition, and many others. These scales are typically completed by parents and teachers, and help to quantify rates of behavior in terms of inattention, hyperactivity, executive functioning, and motivation among other things. These scales are very helpful in the diagnostic process.

“There is also ‘testing’ in the form of behavioral rating scales, such as the Conner's Rating Scale, Third Edition, and many others.

The genetic factor

Finally, I assess for genetics; does the condition run in the family? In that respect, it's abundantly clear that ADHD has a notable underlying genetic load. Half of parents with a child diagnosed with ADHD will have ADHD themselves. If one identical twin has ADHD, there is almost 80% chance the twin will as well. If a child meets all the other criteria, and it can be identified that one or more relatives also have ADHD, that's pretty compelling. However, if no one in the family can be identified in that respect, it does not rule out the diagnosis, it's not a deal-breaker, but it does raise some questions. It's always possible that a relative does, in fact, have ADHD but such was not diagnosed or known within the family.

“It's abundantly clear that ADHD has a notable underlying genetic load. Half of parents with a child diagnosed with ADHD will have ADHD themselves.

Case Examples: Mark & John

The severity of the ADHD is determined by taking note of each of these elements and the extent to which it's relevant. In that respect, consider Mark, who is fifteen years old.

Mark, age 15

In speaking with Mark and his parents and in conducting a clinical history, it's clear that he has struggled with signs of ADHD dating back to his Kindergarten.

His teachers have consistently expressed concern about his off-task tendencies, and his impulsivity has been observed in the home, community, and at school. Mark has struggled with anxiety and worry to some extent, but not a great deal, and clearly not enough to explain the significant and ongoing signs of ADHD. In fact, the anxiety often has seemed to be secondary to the distractibility and subsequently falling behind at school. Moreover, it is discovered that ADHD runs in the family regarding an uncle and parent (his father was diagnosed). Testing is conducted and the scores are all clinical in nature. It's abundantly clear, based on the description, that these signs have been significantly getting in the way of Mark's life. So, in this instance, we have all the areas covered, to a notable degree; the endorsements are compelling, and the scores are in the severe range. Clearly, the treatment plan would be comprehensive and intensive to help Mark overcome his distractibility and function to his fullest potential.

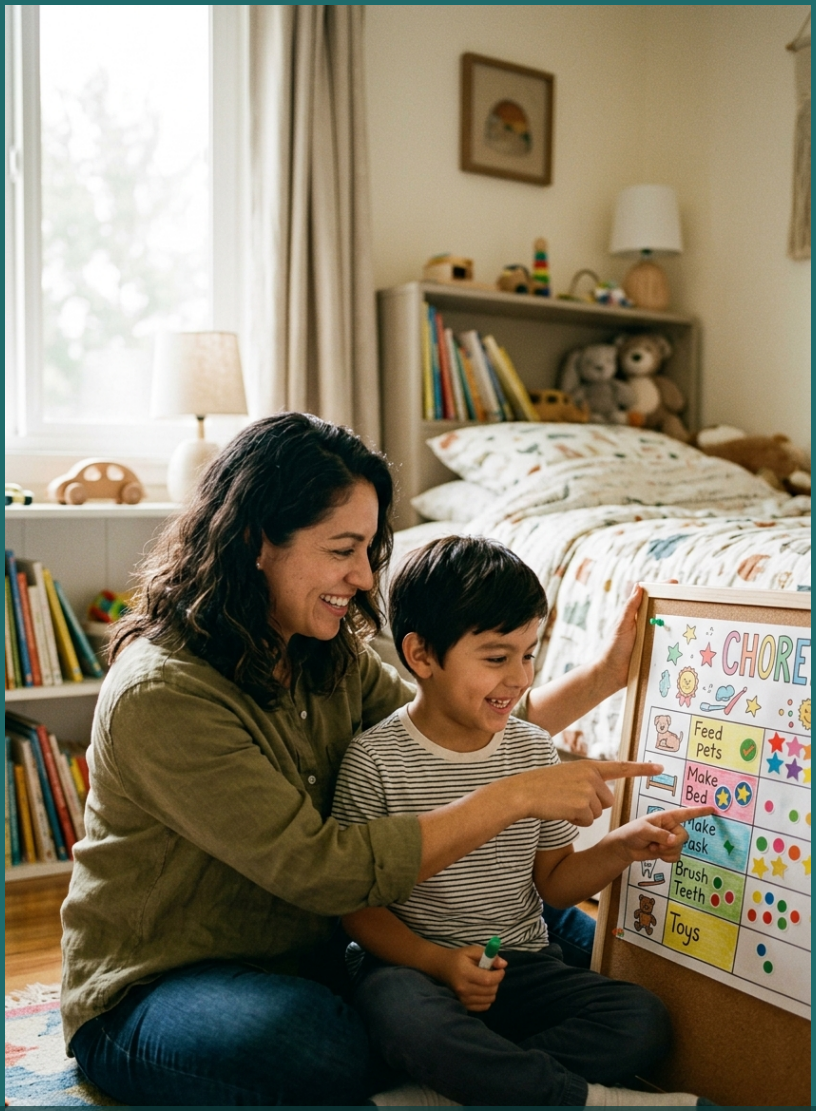
John, age 11

Compare Mark to John, who is 11 years of age and is reportedly struggling with signs of ADHD too. However, his grades are good, teachers through the years have only sporadically expressed concerns and his parents have noticed that, even for some unfavored tasks, John is able to maintain attention and accomplish chores. There is no evidence of any family member having ADHD. However, the endorsements of distractibility and impulsivity are notable, his Conner's scores are in the Moderately Atypical range, and there is no better explanation for his challenges. In this instance, the evidence and signs are far weaker than for Mark, and we have far less clear-cut evidence. The diagnosis is questionable; we may pursue some additional observations while implementing some behavioral protocols. Clearly, in John's case we would not consider medication, while for Mark, such is on the table.

So you can see, in these examples, how these factors compile to not only help make the diagnosis, but also determine the severity of the problem, and the subsequent treatment plan.

TREATMENT AVENUES

Three Primary Treatment Avenues



In regard to the treatment plan, again, this would depend on the level of severity. The more of the aforementioned elements that come into play, the more intensive of a game plan would be necessary. The three primary treatment avenues include:

1. **Structure**

   This involves consistency, routine, predictability, close proximity, extra prompting, an organized environment, and keeping the work-space distraction-free. Some parents become frustrated over their child's need for reminders and coaxing to accomplish their chores or to get through any given daily routine. Instead of frustration, it's best to accept that, for now, your child needs some extra attention but, over time, you'll see more and more independence. Also, keep in mind that some day your child will be grown and gone; you'll miss these days.

2. **Counseling**

   It can be very helpful for a child to have the opportunity to vent frustrations, learn better coping skills, and develop insight to understand when they are more vulnerable to distractibility. Counseling can also include the parents to help learn and carry out effective behavior management practices.

3. **Medication**

   Behavioral therapies and counseling are the first line of treatment; thereafter, when necessary, medication can prove to be very helpful. In that respect, for some, it's the difference between being successful or failing in the classroom.

HELP
For Your Child

I hope this guide has helped clarify how ADHD is diagnosed and how severity shapes the right treatment plan for your child. If you have questions or would like to schedule an evaluation, our team at Help For Your Child is here to help.

You can reach us at hello@helpforyourchild.com or (724) 850-7200.

Sincerely,

Dr. John Carosso, Psy.D.